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TC 1700

WEMMH/SB/21 (4/03)

APR 1725

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/585.061
	Filing Date	June 1, 2001
	First Named Inventor	Samuel M.D. NORVILLE
	Group Art Unit	1725
	Examiner Name	Kuang Y. Lin
Total Number of Pages in this Submission	Attorney Docket Number	9105-3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature	<i>James M. Durlacher</i>	
Date	June 2, 2003	

Certificate of Mailing			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: <b>June 2, 2003</b>			
Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	June 2, 2003

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# FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision

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Complete if Known

Application Number 09/585,061  
Filing Date June 1, 2000  
First Named Inventor Samuel M.D. NORVILLE  
Group Art Unit 1725  
Examiner Name Kuang T. Lin  
Attorney Docket Number 9105-3

Total Amount of Payment (\$ 320.00)

## METHOD OF PAYMENT

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 23-3030

Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Commissioner is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$ 0)

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee From Below	Fee Paid
-20** =		X	
Independent Claims -3** =		X	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1201	2201	Claims in excess of 20
1203	2203	Independent claims in excess of 3
1204	2204	Multiple dependent claim, if not paid
1205	2205	**Reissue independent claims over original patent
		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1051	2051	Surcharge - late filing fee or oath	
1052	2052	Surcharge - late provisional filing fee or cover sheet.	
1053	1053	Non-English specification	
1812	1812	For filing a request for <i>ex parte</i> reexamination	
1804	1804	Requesting publication of SIR prior to Examiner's Action	
1805	1805	Requesting publication of SIR after Examiner's Action	
1251	2251	Extension for reply within first month	
1252	2252	Extension for reply within second month	
1253	2253	Extension for reply within third month	
1254	2254	Extension for reply within fourth month	
1255	2255	Extension for reply within fifth month	
1401	2401	Notice of Appeal	320
1402	2402	Filing a brief in support of an appeal	
1403	2403	Request for oral hearing	
1451	2451	Petition to institute a public use proceeding	
1452	2452	Petition to revive - unavoidable	
1453	2453	Petition to revive - unintentional	
1501	2501	Utility issue fee (or reissue)	
1502	2502	Design issue fee	
1503	2503	Plant issue fee	
1460	2460	Petitions to the Commissioner	
1807	2807	Petitions related to provisional applications	
1806	2806	Submission of Information Disclosure Stmt	
8021	28021	Recording each patent assignment per property (times number of properties)	
1809	2809	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR 1.129(b))	
1801	2801	Request for Continued Examination (RCE)	
1802	2802	Request for expedited examination of a design application	

Other Fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 320)

## SUBMITTED BY

Name (Print/Type)

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Date

June 2, 2003

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